

## Vermont Mental Health Performance Indicator Project

DDMHS, Weeks Building, 103 South Main Street, Waterbury, VT 05671-1601 (802-241-2638)

### MEMORANDUM

TO: Vermont Mental Health Performance Indicator Project  
Advisory Group and Interested Parties

FROM: John Pandiani  
Sheila Pomeroy

DATE: July 6, 2001

RE: Combining "Traditional" and "Atypical" Anti-Psychotic Medication  
for CRT Clients with a Schizophrenia Diagnosis

The attached table and graph provide the results of an analysis of the rate at which CRT clients with schizophrenia diagnosis received different combinations of "traditional" and "atypical" anti-psychotic medications during FY1999. As in the earlier analyses, (<http://www.state.vt.us/dmh/data/PIPs/2001/pip062201.pdf> and <http://www.state.vt.us/dmh/data/PIPs/2001/pip062901.pdf>) this analysis used information that was obtained from a combination of the Medicaid paid claims database and the Monthly Service Report data submitted to DDMHS by designated community mental health agencies. A description of the basic procedures for analyzing the Medicaid data is provided in the December 8 PIP (<http://www.state.vt.us/dmh/data/PIPs/2000/pip120800.pdf>). As in the earlier analyses, the Medicaid data were linked with MSR data to obtain information on program assignment and diagnosis.

As you will see, a substantial number of CRT clients with a schizophrenia diagnosis (43% of men and 45% of women) received both traditional and atypical medications during FY1999. Statewide, more men than women received only atypical medications (17% vs. 10%), and fewer men than women (19% vs. 28%) received only traditional anti-psychotic medications. About one in five Medicaid-eligible CRT clients with a diagnosis of schizophrenia received neither traditional nor atypical anti-psychotic medications under the Medicaid program. Many, but not all, local CRT programs conformed to these overall patterns.

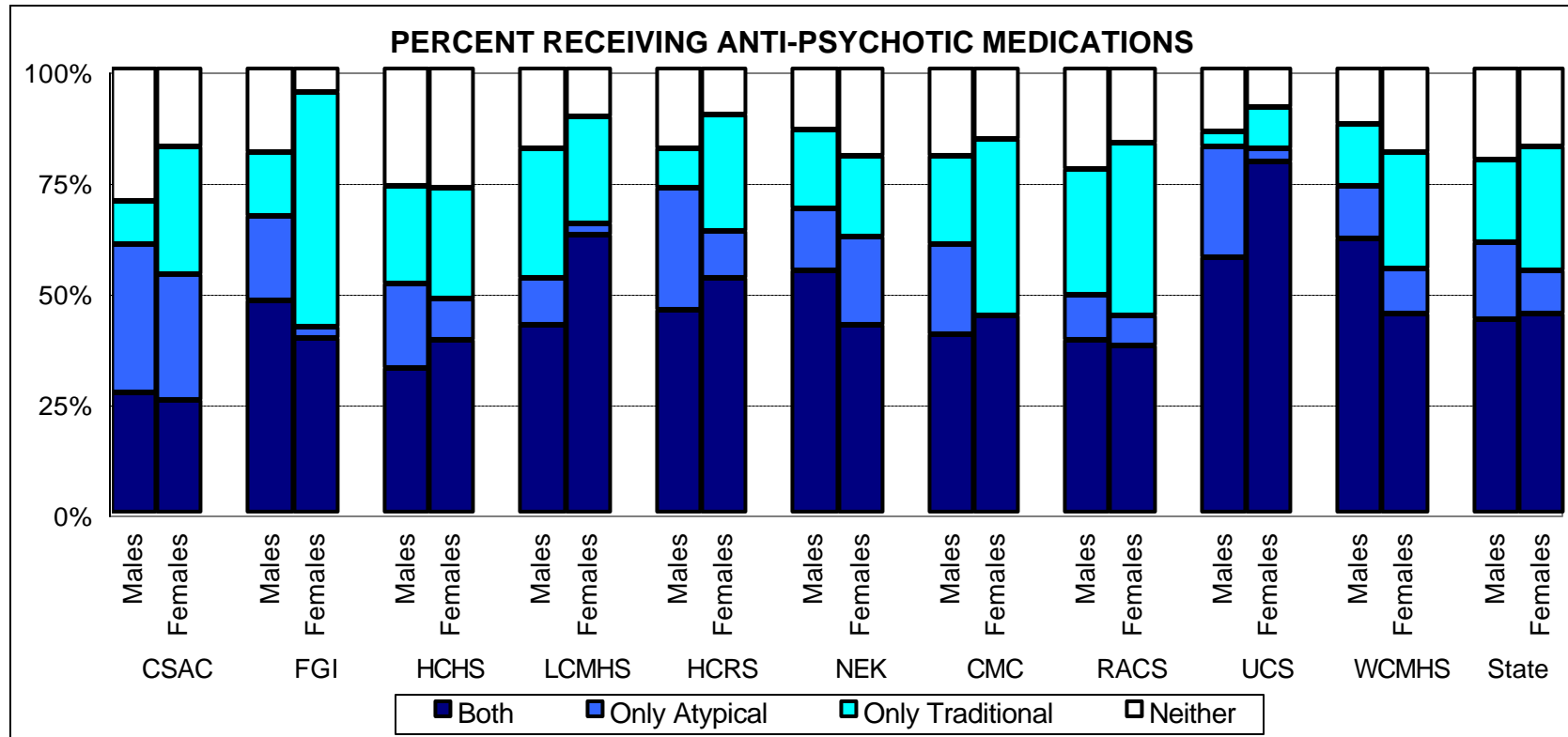
We look forward to your comments and interpretation of these findings, and your suggestions for further analysis of these data. As always, you can reach us at 802-241-2638 or [jpandiani@ddmhs.state.vt.us](mailto:jpandiani@ddmhs.state.vt.us).

**CRT Medicaid Clients With Schizophrenia Diagnosis  
Receiving Anti-Psychotic Medications Paid for by Medicaid  
By Gender and Clinic: FY1999**

Number										
Clinic	Total Served		Anti-Psychotic Medication Received							
			Both Types		Only Atypical		Only Traditional		Neither Type	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
CSAC	30	28	8	7	10	8	3	8	9	5
FGI	42	36	20	14	8	1	6	19	8	2
HCHS	168	96	54	37	32	9	37	24	45	26
LCMHS	38	37	16	23	4	1	11	9	7	4
HCRS	22	19	10	10	6	2	2	5	4	2
NEK	57	50	31	21	8	10	10	9	8	10
CMC	20	25	8	11	4	0	4	10	4	4
RACS	78	59	30	22	8	4	22	23	18	10
UCS	28	33	16	26	7	1	1	3	4	3
WCMHS	93	99	57	44	11	10	13	26	12	19
State	576	482	250	215	98	46	109	136	119	85

Percent									
Clinic	Anti-Psychotic Medication Received								
	Both Types		Only Atypical		Only Traditional		Neither Type		
	Male	Female	Male	Female	Male	Female	Male	Female	
CSAC	27%	25%	33%	29%	10%	29%	30%	18%	
FGI	48%	39%	19%	3%	14%	53%	19%	6%	
HCHS	32%	39%	19%	9%	22%	25%	27%	27%	
LCMHS	42%	62%	11%	3%	29%	24%	18%	11%	
HCRS	45%	53%	27%	11%	9%	26%	18%	11%	
NEK	54%	42%	14%	20%	18%	18%	14%	20%	
CMC	40%	44%	20%	0%	20%	40%	20%	16%	
RACS	38%	37%	10%	7%	28%	39%	23%	17%	
UCS	57%	79%	25%	3%	4%	9%	14%	9%	
WCMHS	61%	44%	12%	10%	14%	26%	13%	19%	
State	43%	45%	17%	10%	19%	28%	21%	18%	

# **CRT Medicaid Clients With Schizophrenia Diagnosis Receiving Anti-Psychotic Medications Paid for by Medicaid By Gender and Clinic: FY1999**



Based on analysis of Medicaid Paid Claims files.

Atypical Anti-Psychotic Medications include Clozapine, Risperidone, Olanzapine, and Quetiapine.

Traditional Anti-Psychotic Medications include Chlorpromazine, Mesoridazine, Trifluoperazine, Fluphenazine, Molindone, Thioridazine, Haloperidol, Perphenazine, Thiothixene, Loxapine, and Pimozide.